inches by 4 inches at the apex of the mass. The skin has a dark-red appearance over a space $1\frac{1}{2}$ inch in diameter near the centre of the mass.

Enlarged vessels traverse the entire length of the tumour before palpation. No pulsation could be discovered at any point, but auscultation discovered a slight but decided *bruit de soufflet* over central part.

On Jan. 18th, I punctured the mass with a bistoury, and explored the cavity with a probe. The cavity appeared to be the size of a small orange, and filled with fluid. The fluid which escaped through the puncture was very thin and bright red, much like poor arterial blood. It came in a continuous stream. In the cavity there were projections, apparently either cartilaginous or fibrous. Pains in the tumour were paroxysmal, very intense, but not frequent, described as an aching soreness. Mrs. McDaniels had been a well-developed, strong, hard-working woman. Her left leg, however, was shortened by what appeared to have been morbus coxarius occurring in childhood. For many months previous to her present sickness she had nursed her mother, a paralytic, and very heavy woman, requiring a great deal of lifting, which she had done alone. I inferred from this circumstance, and from the height of the bed on which her mother had lain, that the edge of the bedstead rail, against which she had braced her thighs, had caused the bruised places on them. From the time she first felt the soreness for about four months she was attended by a homœopath, and for a few months by a horse doctor, who promised to cure her by poulticing the tumour with flaxseed meal.

After this, on the 17th of January, she sent for me. I found the tumour as described above.

Her general health was very poor; she had diarrhœa, night-sweats, and cough; was scarcely able to bear lifting out of bed to the chair.

Under careful treatment, diarrhœa, night-sweats, and cough ceased, and strength improved. She continued better for about two months; after which she became dropsical from her feet to her chin, and died May 10th, with entire inability to swallow either solid or liquid food, in consequence of the pressure of the effusion upon œsophagus.

The *post-mortem* examination of the tumour showed the cavity to be filled with a clear amber-coloured fluid of the consistence of coal oil. The extremities of the mass were cartilaginous and osseous, and continuous with the rectus femoris muscle. The vastus externus and internus curved around the mass, evidently having been pushed aside by it while growing. The periosteum of the femur beneath the tumour was intact, but there were four or five small round prominences beneath, of the size of pin heads, covering a space about three-quarters of an inch in diameter. The femoral artery and vein were pushed aside, and lay beneath the tumour, nearly under the centre of the cavity. The course of the profunda artery could not be traced, it being so matted with the other structures, but I thought it supplied the tumour with its nourishment.

Nov. 22d. Report of Examination of Tumour.—By Dr. WM. PEPPER.

In presenting to the Society this report upon the tumour referred to me at the last meeting, I think it but fair to say that, excepting as regards its general characters and the general considerations springing from them, it is not worthy of being held to be conclusive. The changes produced in the relative consistence, in the colour, in the amount of granular débris, in the size of the cells and the appearance of their contents, are so great and so uncertain that, so far as the microscopic examination is concerned, I offer the results with great diffidence.

The tumour which, as you remember, was seated on the anterior surface of the left thigh, measures in the circumference of its longitudinal diameter 16½ inches, and in its circumference transversely 14½ inches; its weight after prolonged maceration is 2 lbs. 4 oz. (Avoir.). It is essentially composed of two parts, a capsule, and a number of lobules of varying size and consistency. In the base of the tumour, running in the direction of its long diameter, is a layer of muscular tissue, the fibres of which are granular, broken, and fatty; there is also an excess of fibrous tissue, and considerable interstitial fatty degeneration. The capsule, which seems to rise from the layers of fascia and sheaths of the muscles, is very firm, and in places fully one-third of an inch in thickness; and along the base there are numerous points of ossification imbedded in its walls. Its structure is not homogeneous, but shreddy; the white fibrous bands leaving fine areolæ which appear filled with a more grayish matter. Under microscope, it consists of interlacing bands of fibrous tissue, with oil globules scattered through them, and especially in neighbourhood of the nodules of bone, inclosing numbers of cells; aggregated in small collections, small, mostly singly nucleated. The tumour which it incloses is lobulated, the lobes varying in size from a cherry to one which composes almost half the entire mass. They are connected with each other by delicate layers of areolar tissue, and have their shape modified by natural pressure. They vary much also in consistence; the hardest cutting almost like cartilage, and presenting a smooth, firm, and slightly granular section, whereas the softest are very doughy, and their structure loose and broken, like a soft steatoma. Under microscope the softer portions contained little else than the granular débris of cells mixed with a great proportion of oil globules and granular fat. Other portions, rather more consistent, contained some fibrous structure, altered cells and nuclei, much fat and granular débris; and it was only in the hardest lobules that it was possible to obtain a section at all capable of demonstrating the structure. A section of one of these showed a moderate amount of fibrous tissue, rarely forming distinct areolæ, with cells and free nuclei clustered together in a delicate blastema. The cells varied much in size; none of them, however, being notably large; and in the number of their nuclei, some containing a single one; others, three, four, or even more; the nuclei as a rule were large in proportion to the containing cell. Many of the cells were quite delicate, and generally both cell and nucleus were rendered more transparent by action of acetic acid. There was a quantity of oil in these portions also, although very much less than in the softer lobules.

The method which proved most successful for displaying these elements was to soak the section in water; treat it with acetic acid; then with ether; and, subsequently, add solution of aniline red to render the nuclei more distinct.

Lithotomy.—Dr. JOHN ASHHURST, Jr., M. D., read the following paper: Charles Hinkle, a boy of five years of age, was brought to the Episcopal Hospital on May 5th, 1865, suffering from the usual symptoms of vesical calculus. He was exceedingly thin, weak, and harassed by a severe attack of whooping-cough, which, however, it was stated by those who brought him had already begun to decline. He suffered besides from aggravated prolapse of the rectum, the bowel coming down not only when he went to stool, but during each paroxysm of coughing.

The introduction of a sound revealed the presence of a calculus of con-